



Student Health and Wellbeing

Medical Evidence Request Form

Students with long term health conditions and disabilities are entitled to additional support at university and potentially, funding. Official medical evidence is required to enable students to access this. The evidence must be written in English.

Full Name of Student:	Date of Birth:
<i>This form is to be completed by a suitably qualified professional, such as General Practitioner (GP), clinician, social worker etc.</i>	
Diagnosis:	Date of diagnosis:
Is the condition likely to have a substantial / long-term effect on the student's ability to do normal daily activities?	Y <input type="checkbox"/> N <input type="checkbox"/>
How may the condition impact academic tasks (exams, lectures, written assignments, group lectures and presentations)?	
Medication prescribed and any side effects:	



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Risk Y / N	
Current:	
Historical:	
Risk – management plan:	
Coping strategies to manage the condition/specific accommodations?	
Are there any specialist services involved in student's care?	
Do you wish to provide any additional information?	
Your Name:	OFFICIAL STAMP:
Signature:	
Date:	
Profession:	
Email:	
Contact no:	

Please note, any adjustments are made at the discretion of Student Health & Wellbeing. There is no guarantee that specific recommendations can be put into place.